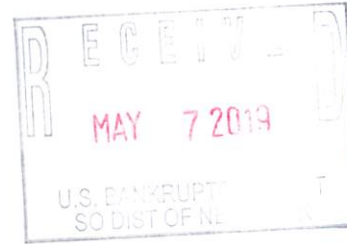


1/3

Rickey M. Gregory  
7090 FM 141  
Dime Box, Texas 77853  
Telephone: (512) 417-6312  
Email: [rickeygregory4477@gmail.com](mailto:rickeygregory4477@gmail.com)

Pro-se

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK



In re Chapter 11

LEHMAN BROTHERS HOLDINGS INC., et al., Case No. 08-13555 (SCC)

Debtors.  
Jointly Administered

PROOF OF MAILING

<b>CUSTOMER USE ONLY</b> <b>FROM:</b> (PLEASE PRINT) <b>PHONE:</b> (512) 417-6312 Rickey Gregory 7090 FM 141 Dime Box, Texas 77853		 EL 811503836 US	
<b>PAYMENT BY ACCOUNT (if applicable)</b> USPS® Corporate Acct. No. _____ Federal Agency Acct. No. or Postal Service™ Acct. No. _____		 <b>PRIORITY MAIL EXPRESS™</b>	
<b>DELIVERY OPTIONS (Customer Use Only)</b> <input type="checkbox"/> <b>SIGNATURE REQUIRED</b> Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery. <b>Delivery Options</b> <input type="checkbox"/> No Saturday Delivery (delivered next business day) <input type="checkbox"/> Sunday/Holiday Delivery Required (additional fee, where available*) <input type="checkbox"/> 10:30 AM Delivery Required (additional fee, where available*) *Refer to USPS.com® or local Post Office™ for availability.		<b>ORIGIN (POSTAL SERVICE USE ONLY)</b> <input type="checkbox"/> 1-Day <input checked="" type="checkbox"/> 2-Day <input type="checkbox"/> Military <input type="checkbox"/> DPO PO ZIP Code <b>78942</b> Scheduled Delivery Date (MM/DD/YY) <b>4-29-19</b> Date Accepted (MM/DD/YY) <b>4-27-19</b> Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input checked="" type="checkbox"/> 2:00 PM <input type="checkbox"/> 12 NOON Time Accepted <b>10:28</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM 10:30 AM Delivery Fee \$ _____ Special Handling/Fragile \$ _____ Sunday/Holiday Premium Fee \$ _____ Weight <input checked="" type="checkbox"/> Flat Rate <input type="checkbox"/> Rate Acceptance Employee Initials <b>ZK</b> lbs. ozs. Total Postage & Fees \$ <b>25.50</b>	
<b>TO:</b> (PLEASE PRINT) <b>PHONE:</b> ( ) _____ c/o Lehman Brothers Holdings Inc. 277 Park Avenue 46th Floor New York, New York 10172 Attention: Kristine Dickson and Matthew Cantor ZIP + 4® (U.S. ADDRESSES ONLY) <b>10172</b>		<b>DELIVERY (POSTAL SERVICE USE ONLY)</b> Delivery Attempt (MM/DD/YY) Time <input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature _____ Delivery Attempt (MM/DD/YY) Time <input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature _____	

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 ■ \$100.00 insurance included.

LABEL 11-B, OCTOBER 2016

PSN 7690-02-000-9996

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2/3

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FROM: (PLEASE PRINT)

PHONE (512) 417 6312

Rickey M. Gregory  
7090 FM 141  
Dime Box, TX. 77853



EL 811503694 US



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EXPRESS™**

**PAYMENT BY ACCOUNT (if applicable)**

USPS® Corporate Acct. No.

Federal Agency Acct. No. or Postal Service™ Acct. No.

**DELIVERY OPTIONS (Customer Use Only)**

☐ **SIGNATURE REQUIRED** Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

**Delivery Options**

- ☐ No Saturday Delivery (delivered next business day)
- ☐ Sunday/Holiday Delivery Required (additional fee, where available\*)
- ☐ 10:30 AM Delivery Required (additional fee, where available\*)

\*Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT)

PHONE ( )

The office of the U.S. Trustee  
U.S. Federal office Building  
201 Varick Street, Suite 1006  
New York, New York  
ATTN: William Harrington  
10014 Susan Golden

ZIP + 4® (U.S. ADDRESSES ONLY)

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 Insurance included.

Andrea Schwartz

**ORIGIN (POSTAL SERVICE USE ONLY)**

<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code 78942	Scheduled Delivery Date (MM/DD/YY) 5-2-19	Postage \$ 25.50	
Date Accepted (MM/DD/YY) 5-1-19	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON	Insurance Fee \$	COD Fee \$
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	10:30 AM Delivery Fee \$	Return Receipt Fee \$	Live Animal Transportation Fee \$
Special Handling/Fragile \$	Sunday/Holiday Premium Fee \$	Total Postage & Fees \$ 25.50	
Weight 2.7 lbs.	Acceptance Employee Initials [Signature]		

**DELIVERY (POSTAL SERVICE USE ONLY)**

Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

LABEL 11-B, OCTOBER 2016

PSN 7690-02-000-9996

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3/3

-----  
GIDDINGS  
279 E AUSTIN ST  
GIDDINGS  
TX  
78942-9998  
4834900942  
05/01/2019 (800)275-8777 8:18 AM  
-----

Product Sale Final  
Description Qty Price

PM Exp 1-Day 1 \$25.50  
Flat Rate Env  
(Domestic)  
(NEW YORK, NY 10014)  
(Flat Rate)  
(Signature Waiver)  
(Scheduled Delivery Day)  
(Thursday 05/02/2019 12:00 PM)  
(Money Back Guarantee)  
(USPS Tracking #)  
(EL811503694US)

PM Exp 1 \$0.00  
Insurance  
(Up to \$100.00 included)

Total \$25.50

Debit Card Remit'd \$25.50  
(Card Name:VISA)  
(Account #:XXXXXXXXXX6971)  
(Approval #:  
(Transaction #:820)  
(Receipt #:008748)  
(Debit Card Purchase:\$25.50)  
(Cash Back:\$0.00)  
(AID:A0000000980840 Chip)  
(AL:US DEBIT)  
(PIN:Verified)

Includes up to \$100 insurance

Save this receipt as evidence of  
insurance. For information on filing  
an insurance claim go to  
<https://www.usps.com/help/claims.htm>

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-----  
GIDDINGS  
279 E AUSTIN ST  
GIDDINGS  
TX  
78942-9998  
4834900942  
04/27/2019 (800)275-8777 10:30 AM  
-----

Product Sale Final  
Description Qty Price

PM Exp 2-Day 1 \$25.50  
Flat Rate Env  
(Domestic)  
(NEW YORK, NY 10172)  
(Flat Rate)  
(Signature Requested)  
(Scheduled Delivery Day)  
(Monday 04/29/2019 03:00 PM)  
(Money Back Guarantee)  
(USPS Tracking #)  
(EL811503836US)

PM Exp 1 \$0.00  
Insurance  
(Up to \$100.00 included)

Total \$25.50

Debit Card Remit'd \$25.50  
(Card Name:VISA)  
(Account #:XXXXXXXXXX6971)  
(Approval #:  
(Transaction #:437)  
(Receipt #:010349)  
(Debit Card Purchase:\$25.50)  
(Cash Back:\$0.00)  
(AID:A0000000980840 Chip)  
(AL:US DEBIT)  
(PIN:Verified)

Includes up to \$100 insurance

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an insurance claim go to  
<https://www.usps.com/help/claims.htm>

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